



## GALLATIN COUNTY

### Zoning Determination Form

#### 1. Site

Address or General Location \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ COS# \_\_\_\_\_

#### 2. Purpose of Inquiry \_\_\_\_\_

#### 3. Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

#### — AGREEMENT —

The undersigned hereby certifies that the information submitted in this application is true and correct and that if work is to be done on site that it will be done in compliance with the requirements of the applicable zoning regulations. This includes approved Land Use Permits from the Planning Department prior to the commencement of any construction.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

#### **For Office Use Only**

##### **Planner's Response**

Zoning District \_\_\_\_\_ Zoning Designation \_\_\_\_\_

Other Information \_\_\_\_\_

Land Use Permit Required

Conditional Use Permit Required

Variance Required

Site Plan Required

Floodplain Permit Required

No Permits Required

Planner's Signature \_\_\_\_\_

Planner's Name \_\_\_\_\_ Date \_\_\_\_\_